Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Ingrown Toe Nail

1. Introduction

1.1. Ingrown toe nail is more common in the toes.
1.2. When the surrounding soft tissue is squeezed with the nail, the soft tissue may be irritated and cause tissue infection.
1.3. Ingrown toe nail is mainly due to poor nail cutting technique or wear tight shoes, this can force the skin surrounding the toenail against the nail.
1.4. Cases can also be induced by tinea pedis.

2. Procedural Preparation

2.1. Tests may be ordered include X-Ray of the foot, blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
2.3. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.4. Inform doctor for any blood thinning agents.

3. Procedure

3.1. The operation can be performed under local anesthesia.
3.2. Longitudinal incisions are made on the toenails.
3.3. One-third of the affected area of the toenails will be resected.
3.4. The nail bed and inflamed tissue will be completely removed.

4. Recovery Phase

4.1. Elevation of the operated leg is encouraged.
4.2. Wound dressing will be performed until healing.
4.3. Keep wound clean and dry to prevent infection.
4.4. Please inform the nurse of wound pain. You will be given pain medications according to doctor's prescriptions if required.
4.5. You should follow doctor's prescriptions of taking medication, and attend follow-up as scheduled.

5. Possible Risks and Complications

5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, pain, bleeding or blood clots and wound breakdown.
5.2. Toenails deformity and recurrence.

6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. Reference

7.1. Hospital Authority. Orthopaedic Website.
7.2. Retrieved from Better Medicine, Dematology Website.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____